



## Thirty-Three Clinical Observations by Rhazes (Circa 900 A.D.)

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# Thirty-three clinical observations by Rhazes (circa 900 A.D.) <sup>(1)</sup>

## A. — THE BIOGRAPHERS OF RHAZES

It is a singular fact that so little is known about the life of ABŪ BAKR MUḤAMMAD IBN ZAKARIYYĀ' AR-RĀZĪ (RHAZES), the greatest physician of the Islamic Period. Those of his works which were translated into Latin, particularly his treatise "On Smallpox and Measles," established his reputation as an excellent observer and at the same time a critical compiler of Greek, Syriac and early Arabic medical knowledge. NEUBURGER, in his excellent *History of Medicine* (2), was very sound in his judgment when he said that RHAZES was without doubt the greatest of the very few

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(2) NEUBURGER, MAX, *Geschichte der Medizin*, vol. II (Stuttgart, 1911), p. 167 et seq.

physicians of the Islamic Period who found their way to HIPPOCRATES and the inestimable value of unbiassed clinical observation. The present publication will, I hope, confirm NEUBURGER's views. I now venture to offer the testimony of a direct translation from one of RHAZES' original texts.

The first author to write about RHAZES was IBN AN-NADĪM (3), in his Literary History *al-Fihrist*, compiled in 987 A.D. He gives no dates, is very brief and merely mentions the great numbers of the Master's pupils and also his alleged blindness towards the end of his life. He then gives a very extensive bibliography but without any order of sequence. In this list, early as it is, there are already blunders and several works are mentioned which undoubtedly are only ascribed to RHAZES.

Not long ago J. RUSKA published the German version of a bio-bibliographical sketch on RHAZES (4), written about a century after his death by ABU'R-RAIḤĀN MUḤAMMAD AL-BAIRŪNĪ, the greatest physicist and astronomer and one of the most original thinkers of the Muḥammadan world (he lived about 975-1050 A.D.). This very exact chronologist asserts that RHAZES was born on the first day of the Arabic month of Sha'bān, 251 A.H. (August 27, 865 A.D.) at Rayy (Rhages in Ṭabaristān, North Persia), and died there on the fifth day of Sha'bān, 313 A.H. (October 26, 925 A.D.). If AL-BAIRŪNĪ is right, RHAZES furnished an enormous output of work during a sixty years' span of life. The biographer proceeds to speak contemptuously of RHAZES' philosophical and theological opinions, and adds a few notes on his activity as physician and clinical teacher. But he fails to give any detailed account of RHAZES' life. Instead, he gives a very important catalogue of RHAZES' scientific output, arranged according to subject.

IBN AL-QIṬĪ (d. 1248 A.D.) also gives a very short note on RHAZES' life (5). According to him, RHAZES was for the first half of his life a musician. He later took to Medicine, and was appointed director of the Hospital (*māristān*) in his native town, Rayy, and afterwards in Baghdad. If this author is to be credited,

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(3) IBN AN-NADĪM, I, p. 299.

(4) RUSKA, pp. 27-50. An English translation of a part of it is found in STAPLETON, p. 319-20.

(5) IBN AL-QIṬĪ, pp. 271-277.

RHAZES died about 320 A.H. (932 A.D.) : we think, however, that the date given by AL-BAIRŪNĪ is more likely to be exact.

IBN ABĪ UṢĀIBI 'A (d. 1270 A.D.) wrote the most comprehensive biography and by far the most extensive bibliography of RHAZES, partly based on the above-mentioned sources (6). He corrected some of the grave chronological errors committed by former historians. Nevertheless, he thought, with IBN AL-QIFṬĪ, that the North-Persian physician, 'ALĪ IBN RABBAN AT-ṬABARĪ was RHAZES' teacher. We proved, on the contrary (7), that this well-known practitioner and scholar must have died before RHAZES was born. Another error, which is not accepted by I.A.U., is the story that RHAZES was requested to choose a site for the 'Aḍudī-Hospital in Baghdad and was appointed its director, whereas in fact the hospital was founded by Prince 'AḍUD AD-DAWLĀ in 980 A.D.—more than half a century after RHAZES' death ! (8). I.A.U. thinks that RHAZES was given charge of the hospital which existed before the time of 'AḍUD AD-DAWLĀ, and this hospital may perhaps have served as a model for the latter's creation. RHAZES wrote a record of observations at that hospital, which must have been, in my opinion, the Muqtadirī-Hospital, founded in Baghdad in 306 A.H. (918 A.D.) by order of the Caliph AL-MUQTADIR BI'LLĀH (9). I.A.U. tells, moreover, several stories of a more anecdotic character about the medical skill and insight of RHAZES. They have been reproduced in French by LECLERC (10). Then follows a very long bibliography of about 230 works due to RHAZES' pen. I.A.U., like previous biographers, fails to give any details concerning RHAZES' life.

So also does the last of RHAZES' prominent biographers, IBN KHALLIKĀN (11), who died in 1282 A.D. His account of RHAZES'

(6) IBN ABĪ UṢĀIBI 'A, I, pp. 309-321.

(7) MAX MEYERHOF, 'ALĪ IBN RABBAN AT-ṬABARĪ, *ein persischer Arzt des 9. Jahrh. n. Chr.* Zeitschr. d. Deutschen Morgenländ. Gesellsch. X (1931), pp. 38-68.

The same. 'ALĪ AT-ṬABARĪ'S " *Paradise of Wisdom,*" etc. *Isis*, XVI (1931), pp. 6-54.

(8) AHMED ISSA, p. 181 et seq. Compare, moreover, G. LE STRANGE, *Baghdad during the Abbasid Caliphate*. Second edition (London, 1924), p. 62.

(9) It is probable that RHAZES lived in Baghdad during the long reign (908-932 A.D.) of this Caliph.

(10) *Histoire*, vol. I, p. 337 et seq.

(11) *Wafayāt al-A'yān*, ed. BŪLĀQ, 1275 A.H. Vol. I, p. 103 et seq.

life is still shorter, with some digressions on the subject of other doctors and the princes with whom RHAZES is said to have been in relationship.

There is no doubt that much biographical material can be extracted from RHAZES' most important work, of which we shall treat in the following chapter.

## B. — REMARKS ON RHAZES' *Continens*

RHAZES' best-known work is his "On Smallpox and Measles," which has had the honour of about a dozen translations into Latin and modern languages. Of it NEUBURGER says : " It ranks high in importance in the history of epidemiology as the earliest monograph upon small-pox, and shows us RHAZES as a conscientious practitioner, almost free from dogmatic prejudices, following in the footsteps of HIPPOCRATES." Next in importance comes the *Kitāb at-Ṭibb al-Manṣūrī* (" The Book of Medicine dedicated to MANṢŪR ") (12), known to the Latin Middle Ages as *Liber Almansoris* and edited in many Latin printed texts. It is a short, practical textbook of Medicine, and its ninth part (*Liber Nonus*) enjoyed great repute and formed the basis of medical learning until late in the sixteenth century (13).

We omit mention of RHAZES' minor medical treatises, as well as of his many writings on medical ethics. We recommend particularly the study of his short treatise " On the Reason for which the Hearts of most People turn away from honest Physicians", translated by STEINSCHNEIDER (14).

Of all the many works of RHAZES by far the most voluminous is " The Comprehensive Book of Medicine " (*Kitāb al-Hāwī fi't-Ṭibb*). This book has never been published in the original Arabic text which should comprise about twenty-four volumes. There is, however, no complete copy in existence, while the volumes extant, about twelve in number, are widely dispersed

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(12) This was the Sāmānid Prince ABŪ ṢĀLIḤ MANṢŪR IBN IṢḤĀQ, Governor of the Eastern and Southern provinces of Persia, killed in 302 A.H. (925 A.D.).

(13) See SARTON, *Introduction*, Vol. I, p. 609 et seq.

(14) VIRCHOW's *Archiv*, vol. XXXVI, pp. 570-586.

in European libraries. The Escorial Library near Madrid has five volumes, and in the uncatalogued Libraries of Istanbul and its vicinity there may be still more of them. I, myself, was recently able to buy fragments of about five other volumes. It is certain that the book, on account of its size and price, was always very rare, and it seems that at certain periods there were not more than two copies of it available in the entire Muḥammadan world. All RHAZES' biographers agree that he left this work unfinished, and that it was partly arranged by his pupils after the master's death (see below). A Latin translation was made, in Sicily or at Naples, by the Jewish physician and translator, FARAJ IBN SĀLEM (called FARRAGUTH) for King CHARLES OF ANJOU. This work, which must have taken nearly the whole lifetime of the translator, was completed in 1279. It was printed at Brescia in Northern Italy in 1486 A.D., and forms the most bulky of all the incunabula, its two volumes weighing more than twenty pounds. It was reprinted several times during the XVIth century, but all the editions are rare. In the printed edition, RHAZES' work is divided into 25 books. It is not known from what Arabic MS. the translation was made.

The contents of the *Continens* is an encyclopaedia of therapeutics, comprising much special Pathology but excluding Anatomy. There is no doubt that the author throughout his life made extracts from all the medical works of Greek, Syriac and Arabo-Persian writers, probably in the form of a loose-leaf index, and later collected the material in the various parts of his book, in which he treats of the diseases of the body "from top to toe." After having quoted many former authorities, he usually adds a special chapter under the heading *Mine* or *my own* (*lī*), in which he states his own experience and opinions. For this reason the book is, on the one hand, a huge and indigestible mass of literature, often lacking unity of plan and finish; but, on the other hand, it is an invaluable record of quotations from several hundreds of only partly known or completely forgotten writers whose works are lost, not to mention the value of so many early Arabic translations from known Greek medical writers whose texts are available in Greek alone through late Byzantine MSS. More than all this, we are bound to admire the learning, acuity, observation and the often surprisingly sound judgment of RHAZES himself

in his personal notes and comments. From these notes, there could be extracted an important record of his medical activity, as well as of his clinical considerations on all the diseases known to the physicians of that remote period. But this task would mean a labour of many years and a thorough knowledge of RHAZES' Arabic style and of Greek and Persian Medicine. In medical theory, RHAZES was a pupil of GALEN, but in practical observation and therapy a pure Hippocratist. An alchemist of renown, he often tried treatment with new chemical preparations which were unknown to his forerunners.

Before we proceed to an examination of some clinical notes in the *Continens*, I shall give translations of the very interesting information given by Muḥammadan physicians regarding the plan and the circumstances of the publication of this immense compilation.

The earliest of these physicians is the Persian, 'ALĪ IBN AL-'ABBĀS, surnamed "the Magus" (d. 994 A.D.). He must have been born about the time of RHAZES' death. He practised for some time at Baghdad and dedicated his main work, "The Perfect Treatise of the (Medical) Art" (*Kāmil aṣ-Ṣinā'a*), or "The Royal Book" (*Al-Kitāb al-Malikī*) to the mighty Sultan 'AḌUD AD-DAWLA, the real ruler of the East in the place of the weak Caliphs. This "King of Kings" is known to have been a friend of poets, writers and scientists, and to have founded, in 880 A.D., a famous hospital at Baghdad, to which we have referred in the foregoing pages. The Introduction of 'ALĪ's book—which is the first and perhaps the best complete treatise on Medicine as a whole—begins with a review of the medical treatises of former times written in Greek and Syriac, and then continues with the Arabic works. Most of this introduction is available in LECLERC's translation (15) from the Arabic original. I shall give here a new translation of that part which speaks of RHAZES' two most important general treatises on Medicine. 'ALĪ (16) writes as follows :

"Concerning MUḤAMMAD IBN ZAKARĪYYĀ' AR-RAZĪ, he composed his book known as *al-Manṣūrī*, in which he treated, in the form

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(15) *Histoire de la médecine arabe*. Vol. I, pp. 383-388.

(16) BŪLĀQ edition of the work (Cairo, 1293 A.H.) Vol. I, p. 5.

of summaries, of the medical art. He did not omit anything of indispensable matters, save that he did not provide explanations of his sayings but proceeded in the way of abbreviation as this was his aim."

"As to his book which is known as "The Comprehensive" (*Al-hāwī*), I found that he mentions in it everything the knowledge of which is necessary to the medical man, concerning Hygiene and medical, as well as dietetical, treatment of diseases and their symptoms. He did not neglect the smallest thing required by the student of this art concerning treatment of diseases and illnesses; but he made no mention at all of natural (physiological) matters, such as elements, temperaments and mixtures [of the humours]; nor did he speak of anatomy and surgical treatment. He wrote, moreover, without order and method, neglecting the side of (scholastic) learning; he omitted to sub-divide his book into discourses, sections and chapters, as might have been expected from his vast knowledge of the medical art and from his talent as a writer. Far be it from me to contest his excellence or to deny his knowledge of the medical art and his eminence as an author! Considering this condition or imagining the causes of it by comparison with the vast knowledge shown in this book, I think there are two possibilities: either he composed it and collected in it the entire field of Medicine as a special memorandum of reference for himself, comprising Hygiene and Therapeutics, for his old age and the time of forgetfulness: or being afraid of damage which might occur to his library, which was to be made good (in this case) by the book in question. Likewise in order to relieve his writing from bulkiness and in order to be useful to the people and to create for himself a good memorial for coming generations he provided reference notes for his entire text, put them in order and compared each one with its like and fitted it in its chapter according to his knowledge of appropriateness in this art. In this way the book should be complete and perfect."

"He was, however, prevented from continuing it by hindrances(17), and death befell him before its completion. If such was his aim, he treated his subject at too great length and made his book too voluminous without any urgent necessity to claim in his

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(17) Probably blindness by cataract which overtook RHAZES in his advanced age.



favour. This was the reason why most scholars were not able to order and purchase copies of the book, except a few wealthy literary men, and so copies are scarce. He proceeded in such a manner that for each disease, its causes, symptoms and treatment, he mentioned the sayings of every ancient and modern physician on the disease in question from HIPPOCRATES and GALEN down to IŞĤAQ IBN ĤUNAIN (18), and all the physicians, ancient and modern, who lived in between them, without omitting the sayings of any one of them and reference to them in this book, so that the entirety of medical literature was comprised in this book. You must know, however, that skilful and experienced physicians agree about the nature of diseases, their causes, symptoms and medical treatment, and that there exists no marked difference between their opinions, except that they treat more or less of the matter and that they speak in different terms, because the rules and the schools they follow in the knowledge of diseases, their causes and treatment, are obviously the same. If this is so, it was not necessary to record the sayings of [all] the ancient and modern physicians and the reiteration of their utterances since they all repeat the same things..."

"It was necessary, and I would not blame him if he had done so, to confine himself to some of their sayings and to limit the quotations to the strictly necessary and to those writers who were the most excellent, occupying the first rank in the [medical] art and the best and most experienced among them. In this way it would have been easier for scholars to acquire and to copy the book which would have been relieved of its excessive length and bulk, so that it would have been spread among the people and would be more easily available; whereas, as far as I know, copies of it are now in the possession of a few literary and scientific men only."

This last statement perhaps supplies an explanation of why there is in our days no complete copy of the book in existence.

The second record is a story of how the book came to be published, told by IBN ABĪ UŞAIBĪ'A, the famous author of the *History of the Arabic Physicians*. He lived in the XIIIth century,

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(18) The son of the famous translator, ĤUNAIN IBN IŞĤĀQ : he was RHazes' contemporary.

but he quoted an account given by a Christian physician who lived two centuries earlier. This is 'UBAIDALLĀH IBN JIBRĀ'IL IBN 'UBAIDALLĀH (one of the last descendants of the celebrated Syriac medical family of BOKHTYESHŪ') (19), who wrote a biographical work which is lost and only known from IBN ABĪ UṢAIBI'A's quotations. IBN ABĪ UṢAIBI'A says (20) :

“'UBAIDALLĀH IBN JIBRĀ'IL said the following : ABŪ BAKR MUḤAMMAD IBN ZAKARIYYĀ' AR-RĀZĪ possessed great dwellings in Rayy and the other towns of al-Jabal (21). He said moreover : He lived until he was met by IBN AL-'AMĪD (22), the teacher of AṢ-ṢĀḤIB IBN 'ABBĀD (23). He was the cause of the publication of RHAZES' book which is known as “the Comprehensive” (*al-Ḥāwī*) for he happened to be at Rayy after RHAZES' death and asked for the book from ABŪ BAKR's sister and offered her large sums of money until [at last] she showed him the materials for the book. Thereupon he assembled the doctors, his (RHAZES') pupils, who were still in Rayy, and caused them to put the book in order : in this way it was edited in its present disorderly condition.”

This narrative, although written by a scholar at Baghdad two centuries after RHAZES' death, states what was very probably the case. When studying parts of the *Ḥāwī*, one has the distinct impression that the book is unfinished and merely a collection, arranged without order, of loose sheets. Sometimes parts of the text are not in the right place, and we shall remark this even in the short text of which a translation follows below.

(19) See LECLERC, vol. I, pp. 99-103 and 370-4.

(20) I.A.U., I, p. 314, line 13 et seq.

(21) This name, meaning “the Mountain,” is here applied to the mountainous districts of North Persia (Tabaristān, etc.) south of the Caspian Sea.

(22) This is ABU'L-FADL MUḤAMMAD IBN ABĪ 'ABDALLĀH AL-KĀTIB (“the Secretary”), who was appointed vizier of the Persian ruler, RUKN AD-DAWLĀ, in 939 A.D., and died after an adventurous life about 960. He was not only a statesman and warrior but also a renowned scholar. See *Encyclopaedia of Islam*, II, 360.

(23) ABU'L-QĀSIM ISMĀ'IL IBN 'ABBĀD AṬ-ṬĀLAQĀNĪ was pupil, secretary and successor as vizier to the above statesman, and received the title *Ṣāhib* (“companion”) on account of his close relations to IBN AL-'AMĪD. He held office as vizier a long time and died in Rayy in 995 A.D. He was famous as a man of learning, as a lover of philosophy and as a protector of the arts and sciences.

## C. — A TEXT CONTAINING CLINICAL OBSERVATIONS

The great orientalist, the late EDWARD GRANVILLE BROWNE, in his wonderful *Arabian Medicine* (24), drew the attention of medical historians to a hitherto unknown text (folios 239 *b* — 245 *b* of MS. *Marsh* 156 in the Bodleian Library at Oxford) containing some clinical observations by RHAZES. The MS. volume should comprise the seventh book of RHAZES' *al-Ḥāwī* (*Continens*), but the identification is uncertain according to BROWNE's own statement. I regret that I have not been able to compare its contents with my own MS., which has long fragments from the seventh book. The twelve pages of MS. *Marsh* give a very interesting account of thirty-three clinical cases, apparently from RHAZES' own notebook. They are missing from the Latin translation as I am informed by Dr. PAUL KRAUS (of Paris), to whom I am indebted for the search he made for me in one of the editions of the *Continens*.

BROWNE himself said "that it is as a clinical observer that RĀZĪ excels all his compeers; and since the clinical notes of these old 'Arabian' (25) physicians are of much greater interest and importance than their obsolete physiology and pathology or their second-hand anatomy, a careful study of the works of RĀZĪ, especially of his great *Ḥāwī* or "Continens," is probably the most repaying field to which the Arabic scholar interested in Medicine can devote himself." This encouraged me to undertake the edition and translation of the following observations, the first of which was given in Arabic, with an English translation, by Professor BROWNE himself. As to the others, he stated that "they are not easy to understand, the Arabic text being represented by one manuscript only, and the style, apart from apparent scribe's errors, being crabbed and technical." I have to add that the copyist was a rather ignorant Persian, perhaps not even a medical man, who misunderstood the meaning of the text in many places. To restore and rectify the text, I needed the help of an orientalist, and this was offered me in the most generous way, as often before,

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(24) *Arabian Medicine*, pp. 48-53.

(25) Inverted commas, because they were frequently Arabic-writing Persians, Turks or Berbers, but not Arabs.

by my friend, Professor JOSEPH SCHACHT, the well-known Arabic scholar of Koenigsberg (now Cairo) : I take great pleasure in thanking him here for his invaluable collaboration.

As I have had no opportunity of examining the complete Oxford volume of the *Ḥāwī*, I have not been able to form an idea of where the following cases have been interpolated by the editors of the deceased master's main work. This is of minor importance as they seem to have been independent of the other parts of the book and are merely "illustrative accounts" to be compared with observations by HIPPOCRATES, the venerated master of all the physicians of the Greek and Islamic period. It is probable that they served RHAZES for the purpose of lectures in Rayy, where he had many pupils right up to the end of his life. We read, indeed, in AL-BAIRŪNĪ's biographical sketch of RHAZES (26) the following passage : " He (RHAZES) was continuously studying, and he had a great number of followers (pupils). He used to put his lamp into a niche in the wall, to stand opposite it and to rest his book against the wall so that it should fall from his hand and wake him up if he were overpowered by sleep and cause him to resume his duty (i.e. lecture)." AL-BAIRŪNĪ then concludes that RHAZES' abuse of his sight by eager study may have been a contributory cause of the cataract from which he suffered at the end of his life (27).

RHAZES says, moreover, that he has chosen his cases without any special rule, and so we see, in fact, that they are varied, of different nature, and concerning internal and ocular diseases and women's maladies. They were intended to be read in parallel with cases from HIPPOCRATES' *Epidemic Diseases*, but RHAZES, himself, gave only one such parallel observation, and this is not in its right place. It follows Case 27 with which it has no connexion, whereas it should have been placed, perhaps, after Case 28 or 33. It seems also that the critical quotation from the *Epidemics* made by RHAZES is not complete, because a marginal note remarks : " Remainder of the Section on the *Epidemics* by this great scholar."

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(26) RUSKA, p. 32.

(27) Here STAPLETON (p. 320 line 7 from the bottom) made a mistake by translating " his eyes were always watering." " Water " (*mā'*) in Arabic is the term for *cataract*.

We now give the translation of the 33 complete and one incomplete cases, hoping that in the future another MS. of this interesting passage will enable us to verify the uncertain parts of this first publication of RHAZES' clinical observations. The numbering of the cases and their *en-têtes* are mine.

[*fol. 239 v.*]

In the name of Allah, the Merciful, the Compassionate !

Illustrative Accounts of patients and our own clinical histories, only a mixed record of unusual cases which find their place here on account of their relation to questions and narratives contained in [HIPPOCRATES'] *Epidemics*. We do not want to delay or postpone this any longer because it is a very useful discussion, particularly on account of the questions raised in it. We had [hitherto] neglected these examples because we intended to collect them all together here. According to this, our intention, we must place the *Epidemics* beside these questions, read them side by side, and write them down here as completely as possible—if Allāh will !

[*Case I: Renal Abscess, Perforating into the Renal Pelvis.*]

'ABDALLĀH IBN SAWĀDA used to suffer from attacks of mixed fever which overtook him sometimes every six days, sometimes like a tertian, quartan or quotidian. They were preceded by a slight rigor, and micturition was very frequent. I gave it as my opinion that either these accesses of fever would turn into quartan, or that there was an abscess (*khurāj*) (28) of the kidneys. Only a short while elapsed before the patient passed pus in his urine; I informed him that these feverish attacks would not recur, and so it was.

The only thing that prevented me at first from giving it as my definite opinion that the patient was suffering from an abscess of the kidneys was that he had previously suffered from tertian and other types of fevers, and in this the (my) opinion that this mixed fever might be due to inflammatory processes, which would tend to become quartan, was strongly supported. Moreover, the patient did not complain to me that he felt in his loins, when

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(28) BROWNE translates by "ulcer," but the Arabic name of this is *qarha*.

standing, as it were a weight hanging from him; and I had neglected to ask him about this. The frequency of micturition should have strengthened my suspicion of an abscess in the kidneys, except that I was unaware of the fact that his father suffered from weakness of the bladder and was subject to this complaint, and that he, himself, had suffered from it when he was healthy. It is, therefore, our duty to avoid lack of solicitude with the utmost possible care—if Allah will !

When he passed the pus in his urine, I administered to him diuretics until the urine became free from pus. After that, I prescribed to him *terra* [fol. 240 r.] *sigillata*, incense and dragon's blood (28a); his malady departed from him, and he was completely and quickly cured in about two months. That the abscess was small, was indicated to me by the fact that he did not complain to me at the first of a weight in the loins. After he had passed pus, however, I inquired of him whether he had experienced this symptom, and he replied in the affirmative. Had the abscess been extensive, he would of his own accord have complained of this symptom; and the rapid evacuation of the pus showed the small volume of the abscess. Other physicians, however, (whom he consulted beside myself) did not understand his case at all, even after the patient had passed pus in his urine.

[Case II:] The Story of 'ILK, the Accountant. [*A bilious Dysentery*].

'ILK, the accountant, consulted me and complained of colics, without giving an exact description. I advised him to take tamarinds; he did it and the pain subsided. Some time after, the pain in his bowels returned during several days, with constipation. This was followed by a dysentery (*sahj*), caused by a black-biled mixture [of humours], and he died from it while he was far from me (or, during my absence).

Therefore it is important to know that sometimes people are attacked by a violent pain in the bowels, arising from an ill-natured bile which flows into their intestines and so generates a kind of colic and leaves traces. After this, they are easily

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(28a) A kind of blood-red resinous secretion exuded from the fruits of certain tropical palm-trees (Daemonorops, etc.)

subject to malignant dysentery, particularly people of black-biled constitution. Such was the case of this 'ILK.

[*Case III :*] The Story of IBN 'AMRAWAIH. [*Otitis followed by Meningitis.*]

He was a man who was inclined to have meningitis (*sirsām*) and he had suffered from this disease before my arrival. He was, however, cured of it by the escape of the superfluity (discharge) into the ear with subsequent formation of fistulae in it after phlebotomy. Thereafter this suppuration in his ear became chronic owing to inadequate medical treatment. Therefore when the suppuration became deep-rooted later in his aural cavity, it gave rise to a... (*caret*) ... as we are used to do it in the phlebotomy in order to cause the breaking out of the abscess in the interior of the ear in the event of the ulceration becoming chronic in the ear. The abscess burst, in fact, in the interior of the ear, and was cured by treatment. There remained, however, some residue of ill-natured humours in the patient because he had not been cured of his first disease by energetic evacuation [*fol.* 240 v.] and because the matter had turned into the ear. Thereupon he ate sheep's-head and grapes in excessive quantity, after which he got a continuous fever; he became disturbed, meteoric and of dry temperament. He took fruit-juice and gentle purgatives, but he vomited them.

I went to see him on the third day; I found him suffering from a violent headache, photophobia, strong lacrymation and red eyes. I gave him a phlebotomy without letting a large quantity of blood because I hesitated on account of the persons present (29). I intended to purge his nature on the following day; but on this day most of the symptoms subsided. Then came from the cavity of his ear symptoms of meningitis, and I feared that he would in reality be attacked by meningitis. I omitted to administer to him a strong laxative, which should have relieved him, through hesitation and for no other reason. I prescribed for him purging cassia and the like; but all that did not help him. Then I ordered enemas to be given him during three days. When this time had

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(29) In the sick-rooms of Oriental patients of rank there is always a large number of persons present.

elapsed, I came back and found him in a most critical condition; he was unsettled in mind, his urine was deep red and his face puffy. I intended to make him bleed at the nose, but hesitated on account of the large crowd which was present and because there had not been a reliable physician before myself. On this occasion I had with me only barley-water, which I administered to him, hoping to procure him some relief. I prescribed for him to drink the juice of vegetable marrow and the mucilage of flea-wort; but he neglected all. The fourth day after this day his condition became extremely critical, and the fatal symptoms made their apparition: one of his eyes became small, his tongue turned blackish and swollen, and he died on the same day at the time at which I had predicted his extinction.

The ignorant physicians (whom he had consulted beside myself) supposed that he was suffering from a (left) facial paralysis, caused by moisture (of his temperament), whereas (on the contrary) the strong contraction of the right eye was due to a spasm in this region.

[*Case IV: Aortic Regurgitation.*]

I was consulted by a man who complained of palpitation of his heart within his chest. When I laid my hand on his left mamma, I felt a pulsation of his aorta so violent as I had never observed before. When he stretched out his left arm to show me his basilic vein, the pulsation of his brachial artery was equally violent, so that it was visible, the flesh being raised and sinking (in a regular fluctuation). He informed me [*fol.* 241 *r.*] that he had been bled from his basilic vein without any useful result, but that eating of hot dishes procured him some relief. I confess that this case baffled me for some time. After having obtained more insight into his disease, I administered to him the musk-remedy, and I obtained an improvement in this patient of such a kind that his condition as regards pulse changed to be the same as in asthmatic patients who have an (emphysematous) distention of the chest, which is not able to inhale the breath sufficiently.

[*Case V: Genital Herpes.*]

MUHAMMAD IBN AL-HUSAIN suffered from the appearance of itch and pustules; later on, pustules broke out on his penis, outside



on the gland. I feared that the same would happen from inside, and this had happened, indeed, as I suspected, some time before.

[*Case VI: Hypertrophy of Prostate (or Calculus?), Causing Paradox Stillicidium, Cystitis and Inflammation in the Pelvis.*]

The long-bearded cotton-merchant (30) suffered from chronic pain in his stomach. They administered to him undiluted strong wine; after he had drunk it, the whole pain descended into his navel, and his urine was obstructed while his bladder was full. One of the diuretic waters caused him to urinate, without my knowing of it, and he made use of this, viz. the diuretic, repeatedly and excessively. Finally it caused his bladder to reach such a condition that the urine exuded involuntarily, containing a white, crude mixture which I supposed to have come down from the upper parts while there was something else obstructing the urine.

After that, he was attacked by paralysis of his two legs simultaneously. He sent for me, and when I came, I found the doctors anointing both his legs with warm oil. I supposed that there was a disease of his bladder and that, by its influence, the two nerves were affected which run to the legs since they are quite near to one another; and that there was a swelling (inflammation) in the region of the origin of these nerves. I made a venesection in the sacral region (*qaṭan*) and it was only a few days before he was able to move both his legs, continuing until the time when I write down this narrative.

[*Case VII: Incomplete.*]

ABU'L-ḤUSAIN, the tailor, had suffered from an inflammatory disease and was cured under my care. After that, he complained to me of a weakness in his stomach. I administered to him pastilles composed of rose and spikenard, and he was seized on the spot with an acute fever which continued with him afterwards...

[*Case VIII: An Ophthalmia or acute, purulent Conjunctivitis.*]

A man who accompanied us on our way (journey)—he was

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(30) *Al-Qaṭān*; this may be a proper name as well.

ABŪ DĀWŪD who led the donkey (31)—was overtaken with an ophthalmia. When it began, I advised him to have a venesection made, but he did not do it and only applied some cupping. He took a remedy which he had with him, dropped it in his ear—about one ounce—and repeated this in excess, although I warned him seriously [*fol.* 241 v.] so that I at last became weary of it; but he did not follow my advice. On the next day his condition grew worse and he developed a violent ophthalmia such as I had never seen before. I greatly feared perforation of the tunics of his eye and escape (of the vitreous) because of the whole cornea there was no more visible than the area of a lentil owing to the intensity of the swelling of the conjunctiva (32). At the first possible moment I applied to him a venesection and took from him in two operations three pounds of blood and even more; this cleaned his eyes of discharge. I then applied the white eye-powder, and he slept from that very hour, his pain was soothed and he was completely cured on the following day so that the people were astonished at it.

[*Case IX: An Appendicitis?*]

KHĀLID, OF Ṭabaristān (33), suffered from a hot (feverish) disease through a fatigue which befell him. I gave him barley-water and the like until (the heat) was extinguished. But this caused him a pain in the region of the flanks and of the abdomen (*ḥālīb*, abdominal veins?); the doctors thought it to be a colic and intended to administer to him hot electuaries (*jawārishāt*), as they supposed that the barley-water had been harmful to him because he had a residue of the feverish disease in his stomach.

I touched the diseased spot and felt it hot and hard. Thereupon I asked him whether he felt a throbbing in it, and he answered: "A rather violent throbbing." So I supposed that he had a hot swelling (an inflammatory tumour) in that region, made him a venesection in both his armpits and extracted from him about

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(31) The camel caravans in the Near East are mostly headed by a donkey wearing a bell and led by his driver who is, consequently, the guide of the whole caravan.

(32) This is called chemosis: an oedema of the conjunctiva surrounding the cornea.

(33) A Persian province south of the Caspian Sea (today called Mazenderān).

200 *dirhams* (drachmae) at one sitting. After this, I administered to him the juice (or an infusion) of leaves of night-shade (*'inab ath-tha'lab*), endive and cucumber-seeds during several days. He was cured and even to such an extent that his affection was much improved on the day on which I made the venesection.

I supposed that the hot (and vicious) water causing the disease was partly allayed and partly carried to the spot in question (34), as there had been no perceptible evacuation (35).

[*Case X: Abnormally concentrated Urine after a Fever.*]

AL-'IBĀDĪ suffered from a hot fever. This passed, but the urine remained discoloured during many days. His condition improved at times and grew worse again, but his urine showed no difference in its colouration (36), although the fever went and came again. Thereupon, I made him a venesection, bled him from the basilic vein and extracted the blood with the lancet. On the same day his urine became light-coloured, and he was completely cured.

[*Case XI: A Case of Smallpox.*]

The daughter of AL-ḤUSAIN IBN 'ABDAWAIH had drunk camel's milk as usual, without asking my advice. When she became meteoric after the milk, she took the musk-remedy without having previously submitted herself to a venesection or to purgation. She developed a continuous fever, and there appeared on her body the symptoms [*fol.* 242 *r.*] of smallpox; she had, in fact, four attacks of smallpox one after another (37). When the smallpox began and she consulted me, I took care of her eye[s], and strengthened it [them] with antimony-powder rubbed in rose-water, and nothing appeared in her eye (38), although its surroundings were very severely affected. All the people who were near her, wondered at this astonishing fact that her eye was saved.

I applied to her for some time barley-water and the like, and

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(34) I.e. the hot and hard spot in the abdomen (appendicitis?).

(35) That is to say, the breaking out of an abscess or the like.

(36) Probably dark, reddish brown, as usual in fevers.

(37) I.e. four attacks of recrudescent fever.

(38) Dangerous purulent pustules of the cornea, often a cause of blindness, are a frequent complication of smallpox.

her nature did not show any change as is so frequent a consequence of this disorder. There remained some residue of hot fever, and I supposed that this might be because the remainder of the (ill-natured) humours had not been expelled by the usual purgation; I could not venture to obtain an evacuation at once because of the weakening of her forces. So I confined myself to administering to her dried apricots (*naqū'*) at day-break and barley-water at noon during a fortnight. This procured her two evacuations a day, and she was completely cleared of the disease. The maturation of the urine (39) appeared after forty days, and her recovery was complete at the end of fifty days.

[*Case XII: Obesity and Gout.*]

Concerning the son of AL-ḤUSAIN IBN 'ABDAWAIH, the doctors supposed that he was of humid temperament on account of his obesity, because they were unable to distinguish between a fleshy man and a fat man. He had an attack of pain in his articulations, which subsided later on. I applied to him several venesections and administered to him once a week a purgative containing a remedy which evacuates the yellow bile, because this (nocive) mixture (of humours) was an acrid purulent matter. I prescribed to him as diet sour, bitter and astringent aliments and forbade him sweets, strong and fatty foods. This disease subsided and caused him only unimportant attacks. When he had followed this prescription for a long time, he was completely [restored] and his body began simultaneously to lose flesh.

[*Case XIII: Semitertian Fever.*]

IBN IDRĪS was suspected of being attacked by the worst form of semitertian fever (40), the acuteness of which was great; it became chronic while the doctor administered to him pastilles of bamboo-sugar (*ṭabāshīr*). I prescribed to him to drink barley-water after a dose of oxymel (*sikanjubīn*) and to delay his meal every day until the time of the decrease of the fever and to avoid as much as possible the time of the (feverish) attack. I insisted

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(39) I.e. its clear, normal, yellow colour.

(40) It is mixed fever, described by GALEN (*De Differentiis Februm*, II, 7. Ed. KÜHN, vol. VII, pp. 358-65) under the name of ἡμυτρίταιος πυρετός; the Arabic term is *ḥummā shaṭr al-ghibb*.

upon this prescription, but he found it difficult. I told him, however : “ You cannot have any other prescription than this !” Thereupon he followed my advice during several days in my absence, and he came to see me after ten [*fol.* 242 *v.*] days and was completely restored.

[*Case XIV : A lacrymal Fistula.*]

The son of ‘ABD AL-MU‘MIN, the goldsmith, had a lacrymal fistula (*gharab*). I prescribed to him to rub in an eye-wash which I had prepared for him (*scil.* with water) and to insert it by drops into the inner corner (*mūq*) (41); he did this and was healed.

I know, however, that this is not a real healing, only a shrinking and drying up of the fistula, but not a clogging (cicatrization); I have experienced that repeatedly. GALEN speaks of the same matter among his rare cases; it was this that caused me to compound the eye-wash in question (42).

[*Case XV : A Mastitis.*]

The wife of JA‘DAWIH, the sister of HAIDARA, suffered from a feverish disease; I gave him every day a prescription (for her) when he brought me her urine (43). One day he came to tell me that she had got pain and swelling in her mamma. I prescribed to him to avoid the application of cold and to employ massage, and in this way the disease was cured. I informed him that the affection would recur if the pain was soothed suddenly without administering a purgative. But this woman was inclined to rest, as I believe, and allowed her extremities to become cold. This pain and swelling subsided, indeed; but the disease and the (nocive) mixture (of humours) returned in the severest possible manner. Thereupon I advised him to repeat the covering and cooling, and I purged her; she was cured.

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(41) Better *ma‘q*; *mūq* is the popular name of the inner corner (canthus) and caruncula of the eye.

(42) Perhaps a plaster of white-lead and *oxelaenum*, mentioned by GALEN in his *De Compositione Medicamentorum per Genera*, I, 7 (ed. KÜHN, vol. XIII, p. 401 et seq.).

(43) We must not forget that in olden times many pious Muslims did not permit the doctor to examine or even to see their wives; so the diagnosis was confined to the inspection of the urine.

[Case XVI: *Septic Arthritis after an Abscess in the Liver?*]

The door-keeper, AL-HASAN, was attacked by a very acute disease; he had suffered from a hot (swelling of the) liver and the residue (matter) had been repelled to the articulations so that they became swollen while the fever subsided; this condition continued with him. A doctor made him a venesection, whereupon some acute feverish affection returned, his strength decreased rapidly and he died after three days.

[Case XVII: *Eclampsia?*]

The woman who was brought to me by ABŪ 'ISĀ AL-HĀSHIMĪ, the coppersmith, was of very fat and humid constitution. She had suffered during her confinement from a plegia (*fālij*) and after that from epileptic fits (*ṣar'*); there was no doubt about her case as it showed real and unmistakable indications. I purged her with strong potions which expelled the phlegm, and I prescribed to her after that to take the Theriac of the Four (44); but the druggist (*ṣaidalānī*) gave her, instead of this, Anacardium (45); she was marvellously well restored.

[Case XVIII: *Epilepsy.*]

Our neighbour, the cloth merchant in the Street of Lucerne (*Darb an-Nafal*) (46) suffered from epileptic fits from his childhood; he was slim. So I supposed that his disease was not caused by an excess of phlegm and prescribed to him emetics to be taken repeatedly. After that, I administered to him a potion which energetically expelled the black bile. Thereupon he was free from epileptic fits [*fol.* 243 *r.*] for three months, and the neighbours in the quarter came to thank us. Hereafter he ate fish and drank much wine; he had an epileptic fit the same night. He again began to take the emetic, followed by the potion as before, and his condition improved. Then he resigned himself to take regularly and without reluctance the emetic and that potion up to the time when we left Baghdad. Previously he had

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(44) The composition of this remedy is given by GUIGUES, *Le livre de l'art du traitement de Najm ad-Dyn Mahmoud*, Beyrouth, 1903. p. 146. See below under A.

(45) The cashew nut (fruit of *Semecarpus Anacardium*).

(46) This must have been one of the wards of Baghdad. See below under E.

been treated at the Hospital (47) with purgations without any success.

[Case XIX: *Epilepsy?* (48)]

I recognised a bookseller, named NAẒĪF, as epileptic by his face as I saw that his Jugular veins (*widājān*) were full, his face red and puffy. He was stout, with red eyes and of plethoric constitution. I ordered the physician-lecturer (49) to bleed him at the Vena saphena; he bled him at the Basilic vein. I followed the case, who during a year remained free from epileptic fits.

[Case XX: *Haematemesis. Varices of the Oesophagus in Hepatic Cirrhosis?*]

A man consulted me, who had vomited two pounds (*raṭl*) of blood following on excessive drunkenness. I found his eyes red and his body plethoric. Thereupon, I made him a venesection and administered to him astringent remedies, and he was restored to health.

[Case XXI: *Haemoptysis.*]

A man expectorated blood when coughing. One day he ate sparrows fried in oil, and expectorated after that three pounds of blood, like the blood extracted by cupping, big clots; it was feared for his life. Later on I saw him again in healthy condition except that he had a slight but incessant cough. Thereupon I prescribed to him as diet fresh fish, and the expectoration was stopped.

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(47) This was perhaps the hospital founded in 306 A.H. (c. 918 A.D.) by the caliph AL-MUQTADIR, under the name of *al-Bimāristān al Muqtadiri*, and in which RHazes was for some time one of the physicians. See AHMED ISSA BEY, *Histoire des Bimaristans (hôpitaux) à l'époque islamique*. Le Caire, 1928, p. 177 et seq. and our remarks under A.

(48) Possibly a hypertonic, cerebral, convulsive affection.

(49) Literally, "the reading-out physician." The lectures on Medicine, Philosophy and other sciences were given in this way: one of the students or assistants read out part of a medical, or other text-book, and the professor then gave explanations, asked and answered questions. This scholastic method of instruction had been in existence since the Hellenistic period and was in use in Europe as late as the XVIIth century.

[Case XXII: *Alopecia*.]

A man, a native of Dārā'ī al-Aqwāl (50), consulted me for an alopecia (51) on his head, two fingers in diameter. I advised him to rub the place with a piece of cloth until it almost began to discharge blood, and to rub it after that with onion. He did this in an excessive way many times, provoking blisters. I prescribed to him to anoint the spot with fowl's fat; thereupon the itch ceased, the malady subsided and the hair grew again within a month and became more beautiful, blacker and thicker than before.

[Case XXIII: *Hydorrhoea tubalis intermittens*.]

The wife of the fuller (52), agent of the son of SA'ĪD IBN 'ABD AR-RAḤMĀN, showed symptoms of dropsy; it was not possible to ascertain that by direct inspection (53). I administered to her sometimes water of the great cardamon (? *falāfil*) and sometimes a remedy of turmeric (*kurkum*). One day, when she was washing and bending over the washtub, there suddenly poured from her about twenty pounds (*raṭl*) of a yellow liquid, and she was relieved and at rest [*fol.* 243 v.] for a while; later on it recurred (the dropsy). I then took exact information about her and ascertained that she must suffer from a disease in the uterus, and so I treated her accordingly. She believed that she was pregnant, but she was not.

You must understand this and make your investigations accordingly as there is one of the diseases of the uterus resembling pregnancy!

[Case XXIV: *Acute Glomerulonephritis following Measles*.]

The little son of IBN SAWĀDA had a yellow bile fever from his throat. On the fourth day in the morning he began to urinate blood and to pass with the stool green and bloody bile, resembling water in which fresh meat had been washed; his strength decreased suddenly. We were baffled because his malady had been slight and benign and then had changed in one night to this acuteness

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(50) This may be the name either of a ward or of a house in Baghdad.

(51) Literally, "fox-disease" (*dā'ath-tha'lab*), a translation of the Greek name ἀλωπεκία (bald patches on the head).

(52) In Arabic *al-qaṣṣār*, which may be a proper name.

(53) Probably not allowed for the reason given in the note 43.



and severity; we supposed that he had drunk something (harmful). When the afternoon came, he had a quite black micturition and equally black stools. He died in the early morning of the sixth day. He had had from the beginning a malign form of measles, prone to attack the internal organs (54).

[Case XXV: *A Cholecystitis?*.]

A woman came to consult me with a urine as black as bile. She declared she had pain in the spine of her back, and that this pain had subsided since the time she had this (black) micturition; she had had this micturition for ten days before she came to see me. She suffered from a nocturnal fever causing shivering every night, and the bile was black-natured. I prescribed to her a diuretic.

[Case XXVI: *An Abortion, or a submucous Myoma.*]

The wife of ABŪ 'ĪSĀ (55) was attacked by a colic of moderate severity. She took *sahar-bārān* (56) and after that a remedy containing a quantity of heating elements. The seat of the pain was in the uterus; at the same time the patient suffered from constipation owing to pain and swelling in the uterus, which compressed the Cæcum (*a'war*). The pain became violent when the "burden" came down, and the constipation was caused by the coming forth (prominence) of the "burden." When she had taken these remedies, something protruded from her anterior parts (pudenda) resembling the placenta. I ordered the midwife (57) to touch and ascertain its consistency; she found it soft, flabby and lacking sensation. I prescribed to the patient to bind her legs together for two days and then ordered (the midwife) to cut off the insensible part. Thereafter, something protruded three times, was cut off, and the patient was healed.

[Case XXVII: *Phthisis.*]

Our neighbour, the phthisical old man expectorated much blood

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(54) See end of Case XXVII.

(55) See Case XVII.

(56) An Arabo-Persian name for a drink, perhaps syrup of melissa (*bārān*).

(57) Midwives alone were allowed to examine female patients, and to operate on their genital parts.

during a long time. Afterwards his condition grew worse; he took pills (pastilles) which stopped the cough and he felt better each time he underwent this treatment for some days. But soon afterwards he died while I had been unable to examine his condition during these [fol. 244 r.] days.

Therefore it is important to avoid remedies which stop expectoration, except in the cases where the matter flows down from the head.

It is, moreover, important to refrain from compresses on the abdomen in cases of measles and smallpox as this may cause distress to the respiration immediately, and malignant diarrhoea and haematuria; an example of this is the son of SAWĀDA (58).

[Case XXVIII: *Vasomotoric Collapse in Pleurisy*] [fol. 244 v., last line].

The money-changer (*jihbidh*), AL-ḤASAN had a disease regarding which it was at first doubtful whether it was a pleurisy (*dhāt al-janb*) [fol. 245 r.]; afterwards this diagnosis was confirmed, but they made him no venesection... (59) was hot and his expectoration creamy and white. When I saw him on the eleventh day, his extremities were like ice and could not be warmed by any means. There had been no fever beforehand—I had been informed about him since the seventh day—but his body had been cold and his eyes had been fixed. He asked on that day for a venesection, but when I touched his artery, I found it collapsed and slack, and so I prevented him from being bled. His saliva had a bad smell and his condition was as it is described in the *Book of Acute Diseases* (60). I thought that he would live one day more, but he died after only eight hours.

[Case XXIX: *Hay-fever (?)*, followed by *Rheumatic Polyarthritis*.]

The son of AL-ḤASAN IBN 'ABDAWAIH (61) suffered from attacks

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(58) See Case XXIV.

Now follows an interpolation by RĀZĪ regarding the first case of HIPPOCRATES' *Epid. I*. It is placed at the end of this translation.

(59) A gap in the Arabic text.

(60) What is meant is probably HIPPOCRATES' *De Diaeta Acutorum*.

(61) See Cases XI and XII.

of coryza so heavy and severe that I have never witnessed a similar case before. Even the slightest form of it used to remain with the sufferer a month and more and to descend to the chest, causing coughing and expectoration. This patient showed an improvement about the middle of the day so that he did not feel any discomfort, but this caused him pain in the articulations.

You must know that this case is like GALEN's description (62), viz. that the discharge of residue (matter) is not effected by the canals (pores) of the body, but by the joints of the limbs. For this reason (his coryza) used to leave him suddenly, but caused pain in the articulations, because the residue was attracted to the articulations.

[Case XXX: *Sciatica or Lumbago*.]

A nobleman in Baghdad had a pain in the hip-bone (*wark*). The doctor administered to him grains of gnidium (*mathanān*) and fumitory (*shaiṭaraj*) because his urine was light-coloured and his body robust, his diet heavy. But his hip-pain increased, and his malady grew worse so that he was not able to stand in an erect position. Then he administered to him an enema, but his condition grew worse. Thereupon he asked for my help, and I prescribed to him an emetic on a full stomach several times. After that I anointed his hip-bone with mustard until it (*scil.* the skin) was covered with blisters. His pain subsided and lessened until it nearly disappeared. After that I administered to him an enema causing abrasion (of his intestinal mucous membrane) (63), and he was cured.

[Case XXXI: *Sciatica or Lumbago*?]

The sister of the bookseller suffered from a pain in the hipbone. I administered to her an enema, but she asked for a purgative. I then prescribed to her an enema with the water in which salted fish had been washed; she took it and was cured after having received an abrasion (of the intestinal mucosa).

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(62) It is impossible to find which case of GALEN's many observations on arthritis is meant. RHAZES, himself, wrote two short treatises on hay-fever ("On the reason why the heads of people swell at the time of the roses and generate coryza," etc.). See J. RUSKA, p. 37.

(63) I.e. an enema with caustic remedies, such as mustard or salt water. See the following case.

[*Case XXXII: Sciatica?*]

The same was the case of IBN DALĪL. He had refused an enema and had become lame from his hip-bone. He then drank the pulp [*fol.* 245 v.] of colocynths in great quantity (64) and was healed.

[*Case XXXIII: Cholangitis (?) ; Infectious Icterus.*]

The son of 'AMR IBN WAHB became feverish and a very intense jaundice made its appearance on him, so that his eye looked on the fifth day like a piece of cartham (65). On the ninth day he had a retention of urine, and he passed only very little, three drops (coloured) like the contents of the gall-bladder. He passed blackbiled stools, and his urine on the sixth day was black, then red with yellow froth on it. Then... (66). On the eleventh night he had a severe haemorrhage from the right nostril; then he died on the thirteenth night without having lost his sound mental capacity and consciousness. He was attacked by gasp (death-rattle) and coryza, and the swelling of his liver was manifest.

[*Case XXXIV: Hemiplegia? Incomplete observation.*]

The whole of one half of IBN NUṢAIR's body felt continually hot and the other half cold as ice; the cold half had no pulse, the other half a quick pulse. The tendons of his neck were taut, his urine was white like running water and the eye on his cold side was small and very much wrinkled (contracted)... (67).

[*Interpolation between Cases XXVII and XXVIII, beginning on fol. 244 r., line 4 of the MS.*]

*Epidemics*: The first patient of the first Book (68): This man had a burning fever with great heat during the whole of one day; thereafter he perspired greatly during the night, without this perspiration checking his fever or bringing him any relief.

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(64) A very drastic purgative.

(65) Safflower or bastard saffron.

(66) A gap in the Arabic text.

(67) Unfinished.

(68) This observation, concerning a man named PHILISCUS, is extracted from HIPPOCRATES' *Epidemics*, Book I (LITTRÉ's edition, vol. II, p. 682 et seq.) and GALEN's Commentary III on the same book, second part (KÜHN's edition, vol. XVII A p. 253 et seq.).

On the contrary, during the whole of this night and on the second day the symptoms of his disease grew worse. After this, he received an enema on the day in question, had a motion and was better during the whole of the following night and half of the third day. Near the end of this day the fever recurred with violent thirst, dryness of the mouth and sweating, which did not relieve the fever at all, also with delirium and hallucinations, and the patient during the course of this night passed dark-coloured urine. Thereafter he had some relief in the night preceding the fifth day and during the first half of this day. Then he discharged from his nostrils a few drops of blackish blood, and he passed urine in which were suspended particles like *semen virile* of varied shape, roundish and other forms, which did not form a deposit. The patient's condition was still serious during the whole of the night preceding the sixth day; this night his limbs became cold and were to be warmed only with difficulty, he slept very little, passed blackish urine and had delirium. On the morning of the sixth day he was speechless and had cold perspiration. Later, about the middle of the day, his extremities became greenish, and he died. Throughout the course of the disease his perspiration was cold, his respiration deep and broken.

In this patient the symptoms of malignancy were evident from the beginning of the first night as shewn by the fact that he perspired constantly but had no relief from his fever. HIPPOCRATES says that in the event of symptoms of a crisis being present without the coming of a crisis, these symptoms either announce death—and this if they are accompanied by symptoms of fatal prognosis—or predict a long course of the disease—this latter in the case of their being accompanied by symptoms [*fol.* 244 *v.*] of healing. When this patient's fever did not relax after the perspiration but became more violent and malignant on the second day and the sufferer passed dark-coloured urine on the third day, all this confirmed the indications of malignancy. I mean to say, after the symptoms of crisis there appeared still another symptom announcing death and confirming and corroborating the first. I mean by the first the fact that the fever was not relieved by the perspiration; this was followed by sleeplessness, delirium and thirst. When, on the fourth day, the symptoms became more definite and he passed blackish urine, this indicated two

features, viz., firstly, that the disease had reached the (vital) spirits (*arwāh*) because they were affected already on the second and third day, and, secondly, that his death would occur by way of the (vital) spirits. The fourth day is similar to the sixth and seventh, except if the acuteness is very great and the symptoms indicate death, when it is likely to occur on the sixth day. When he reached the sixth day and the attack came on with severe symptoms and he died on this day, it was confirmed that his crisis had presaged the occurrence (of his death) on this day. He had passed blackish urine on the third and fourth days, and this indicates extreme malignity and acuteness; for if the intensity and violence (of the fever) appears in two subsequent attacks, this is a strong indication of the acute character (of the fever). When this was followed, on the fifth day, by trickling of blood from his nostrils, this was a sure sign of dwindling of his strength. Had his strength been greater and the violence of his malignant symptoms less, his death would have been delayed until the eighth day. His mental condition supplied an indication of the confusion of his intelligence, as it has been described (by HIPPOCRATES) in the *Epidemics*, and the cold perspiration throughout the course of the disease lessened his strength but not the power of the disease. The second acute attack which seized him on this occasion, is an indication that one must not rely on an intermittent calming down (of the symptoms) if there is not at the same time an improvement in the causative crisis; for the acute attack is likely to recur in such cases. Consequently, the symptoms occurring in this observation have all been mentioned, except the urine in which a spermatoid formation was suspended. All the other observations are in accordance with the contents of the books of the *Prognostic*, the *Crisis* and its *Days*.

#### D. — SUPPLEMENTARY REMARKS

As I mentioned earlier, RHAZES, himself, did not place heads or a diagnosis above his observations. They follow on without any separation. It is not always possible to recognise the diseases which are described in the foregoing text. In attempting to do this I have received precious help from several medical friends

practising in Cairo : Dr. SCHLESINGER, specialist in internal diseases, Drs. ROSENAUER and LUCHS, surgeons, and Dr. ROY DOBBIN, professor of Gynaecology and Obstetrics of the Faculty of Medicine, Egyptian University : I take great pleasure in thanking them for their kindness.

*Case I* has been translated by E. G. BROWNE. He found in it "several difficulties, both verbal and material," but could recognise the general nature of the case. In his translation, as mentioned earlier, we have to replace the word "ulceration" by "abscess," and (p. 52) "the ulceration was slight" by "the abscess was small." We thus obtain a clear idea of the case, which was one of renal abscess, characterised by a very irregular fever, and then perforating into the renal pelvis. The judgment of my Cairo colleagues on RHazes' accomplishments in this case is "that he made all the observations that he could make without the help of modern chemical and microscopical methods."

*Case II* is a simple case of dysentery. Here RHazes followed the theories of the Greek physicians concerning the influence of yellow and black bile.

*Case III* : This is an undoubted case of otitic meningitis, well diagnosed and expounded by RHazes.

*Case IV* : It is certainly an incompetence of the aortic valve, one of the rare cases described during the Middle Ages.

*Case V* : In this case, the diagnosis of genital herpes is not quite sure but very probable. The preceding internal affection of the urethra may have been a gonorrhoea.

*Case VI* is not quite clear. It offers remarkable resemblance to certain tuberculous affections of the pelvis, causing at first retention of the urine and calculi in the bladder and then paralysis or paresis of the sciatic nerves. The rapid cure of this latter affection is somewhat puzzling.

*Case VIII* is a very common one in the Near East, especially in countries which have a very hot and dry summer. It is a case of acute conjunctivitis, offering the appearance of a gonorrhoeal ophthalmia. We know to-day that this form of contagious conjunctivitis is generally caused by the bacillus discovered in 1883 in Egypt by ROBERT KOCH and in 1887 in New York by

JOHN WEEKS. It is able to cause an enormous swelling of the lids and conjunctiva (chemosis) without causing any harm to the cornea. As nitrate of silver, the best remedy for this affection, was unknown in the time of RHAZES, his de-congestive treatment was not bad.

*Case IX* is probably, but not for certain, an appendicitis.

*Case X* is only a symptomatical observation: high concentration of the urine lasting for a long time after a fever, possibly a case of nephritis. The clearing up of the urine is called by the old doctors its "maturation."

*Case XI* is one of smallpox, described in such a masterly manner by RHAZES in his famous book *On Smallpox and Measles*. In the present case he lays stress on his successful measures to preserve the cornea of the eyes from pustules. This is of the greatest importance in Oriental countries where, even in our time, destruction of the cornea, by formation of white spots and resulting blindness is one of the most frequent consequences of smallpox. Up to the time of the introduction of JENNER's vaccination, it was one of the principal causes of blindness even in Europe and much more so in the East.

*Case XII* is one of obesity with gout, combated by RHAZES in a very reasonable manner. The only difference is that what RHAZES terms "yellow bile," we call uric acid.

*Case XIII* follows the lines of ancient, especially Galenic, medicine. We see the physician making his prescription on diet with severity because Oriental patients very often refuse to follow advice which does not accord with their daily habits.

*Case XIV*: In this case of lacrymal fistula RHAZES shows sound judgment regarding the doubtful value of medical treatment. The oculists who wrote not long after RHAZES' death ('ALĪ IBN 'ISĀ of Baghdad, 'AMMĀR of Mōṣul and others) insisted on the necessity of surgical treatment (scraping and cauterisation) of such fistulae.

*Case XV* was not seen by RHAZES personally, as it concerned a woman suffering from mastitis, and he was obliged to form his opinion on the basis of descriptions given by her husband. Half a century ago similar conditions still existed in Egypt, Turkey



and Persia, and still do today in some remote parts of the Islamic world (Afghanistan, India, etc.).

*Case XVI:* RHAZES' notes on this patient whom, evidently, he had not seen until a few days before his death, are not sufficiently complete to allow of a retrospective diagnosis.

*Case XVII* is a doubtful case of eclampsia. The *Theriac of the Four*, which is mentioned in this observation, contains (according to GUIGUES' publication quoted in the note 44) Greek gentian, laurel grains, long aristolochia and pure myrrh. None of these drugs has, according to our present conception, any active, antispasmodic principle.

*Case XVIII* is described as an epilepsy, while *Case XIX* seems to show more an apoplectic than an epileptic type.

*Case XX* is too brief a description to allow of an exact retrospective diagnosis. In a drunkard haematemesis by varices of the oesophagus (hepatic cirrhosis) is possible and even probable.

*Case XXI* is probably a tubercular haematemesis.

*Case XXII*, an alopecia, is interesting on account of the remedy. The principle of causing the hair to grow on the diseased, round, bald spots by application of irritating substances, is still in use in our day.

*Case XXIII* is very well described. It is possibly one of intermittent tubal hydrorrhoea, which RHAZES noted with the intention of explaining the difference of diagnosis in this affection and in a pregnancy.

*Case XXIV:* There is hardly any doubt here that it was a case of Bright's disease after quinsy or measles.

*Case XXVI* may refer to an abortion of slow progress or a submucous myoma. Personal observation was impossible for RHAZES, who had to base his report on the sayings of the midwife.

*Case XXVII* is one of phthisis. RHAZES wishes to show the dangers of cough-relieving remedies in similar cases.

Here follows in the original text the explanation of the first case in HIPPOCRATES' *Epidemic Diseases*. It is certainly not in its right place since it should be compared with a similar case out of RHAZES' own observations. This case is missing in our

text. I have therefore placed the *exposé* on *Epidemics* at the end of RHAZES' cases.

*Case XXVIII*, to be compared with one in HIPPOCRATES' *Diet in Acute Diseases*, is one of vasomotoric collapse during a pleurisy.

*Case XXIX* is not clear : possibly hay-fever or simply a severe cold, followed by rheumatism. It should be compared with one of GALEN's cases, or, perhaps, with his assertion in *De probis pravisque Alimentorum Succis* (chap. 19, ed. KÜHN, vol. VI, p. 814) that "thick chymes" are a cause of arthritis.

*Cases XXX to XXXII* are sciatica or lumbago. The application of counter-irritation by blistering the skin with powdered mustard is very reasonable.

*Case XXXIII* is one of feverish jaundice (infectious WEIL's disease?) and may in certain particulars compare with the case from the *Epidemics* preceding *Case XXVIII*.

*Case XXXIV*, like *Case VII*, is incomplete : it is a vasomotoric paralysis, caused perhaps by a cerebral affection.

The exposition of *Case I* of HIPPOCRATES' *Epidemics* does not follow the lines of GALEN's commentary (ed. KÜHN, vol. XVII A, p. 253 et seq.), who lays more stress on the respiration which in this case resembled the CHEYNE STOKES' symptom. RHAZES insists more on the cold perspiration, bleeding at the nose and other external symptoms of malignant fever.

To sum up, the above observations are certainly good, interesting and almost unique in the whole medical literature of the Middle Ages.

#### E. — SOME LIGHT ON RHAZES AS A PRACTITIONER

The above text, in addition to its medical interest, makes it possible to learn for the first time a little about RHAZES' practical work during his sojourn in Baghdad. In *Case XVIII* he says, himself, that the observation in question was made in that capital of the Caliphs some time before he left the city. He writes, also, that he lived in "the Street of Lucerne" (*Darb an-Nafal*) (69),

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(69) Corrupted in the text to *Darb an-Naql*, which has no reasonable meaning.

which is not mentioned in the geographical treatises of the Arabs, but is in accord with the names of many streets, quarters and bridges in the suburb of al-Karkh, the great commercial centre in the south of the capital. Here we find "the Myrtle Wharf," "the Melon House," "the Barley Street," "the Thorn Bridge," "the Alkali Bridge," "the Pomegranate Bridge," and other names which show that the markets for the commodities in question were situated in those districts. Here also were the markets of the butchers, poulterers, soap-poilers, reed-weavers, oil-merchants, cooks, cloth and cotton merchants and many others. Moreover, the "old" hospital, viz. the Muqtadiri Hospital, mentioned before, where RHAZES must have given his lectures, was situated in the western part of al-Karkh, near the bridge over the Karkhāyā Canal (70). I suppose that RHAZES had his lodging in this quarter because most of his patients belonged to the craftsman and merchant class.

First of all, we observe that the names of patients given by RHAZES in his short account, are nearly all Muḥammadan names (MUḤAMMAD, AL-ḤASAN, AL-ḤUSAIN, KHĀLID, 'ABDALLĀH, 'ABD AL-MU'MIN, 'AMR, NUṢAIR, IDRĪS, AL-HĀSHIMĪ, AL-'IBĀDĪ, etc.) (71). There is only one name, NAẒĪF, which could be Christian (Its meaning is "pure," an equivalent of the Greek *Katharos* (72)). The occurrence of several half-Persian names ('ABDAWAIH, 'AMRAWAIH, JA'DAWAIH) is in no way surprising as the amalgamation of the Arabian conquerors with the vanquished inhabitants of Mesopotamia had begun in the VIIIth century. We see also that RHAZES was family-doctor of several families. He treated the son and daughter of AL-ḤASAN (or AL-ḤUSAIN) IBN 'ABDAWAIH (Cases XI and XXIX), 'ABDALLĀH IBN SAWĀDA and his son (Cases I and XXIV), the coppersmith, ABU 'ĪSĀ AL-HĀSHIMĪ, and his wife (Cases XVII and XXVI), the bookseller, NAẒĪF, and his sister (Cases XIX and XXXI). Several of the patients were his neigh-

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(70) See LE STRANGE, *Bagdad during the Abbasid Caliphate*. Second edition (London, 1924). Map IV, facing p. 57, No. 7.

(71) The repeated mention of wine and drunkenness show that the Muslim inhabitants of Baghdad did not regularly observe the prohibitory rule of the Islamic religious Law.

(72) I met with this name as that of a Greek Christian in IBN ABĪ UṢAIBĪ'A's work. The name *Καθαρός* is testified to by Greek documents from Egypt, according to FR. PREISIGKE, *Namenbuch*, etc. Heidelberg, 1922, p. 156.

bours in the street or the quarter (Cases XVIII and XXVII).

As to the rank and profession of RHAZES' patients, we find among them a modest doorkeeper and a caravan-guide, as well as craftsmen (a coppersmith, a fuller, a goldsmith, a tailor, etc.), merchants (a cloth and a cotton merchant, a bookseller, a money-changer), officials (an accountant), and noblemen (Cases III and XXX). It is pleasant to learn that RHAZES, who did not come to Baghdad until he had already a great reputation, took under his care patients of all kinds without regard to their social or financial standing. The fact that the names of Christian and Jewish patients are missing from RHAZES' observations (although both these elements were largely represented in Baghdad and particularly in the suburb of al-Karkh) may be due to the mistrust with which Muslim practisers of medicine were regarded even by their own people (73). It was, indeed, RHAZES himself, who by his prodigious skill and science—the like of which had up to then only been seen among Christian scholars—broke the ice and prepared the way for the Muslims. We read in his account, looking between the lines, that he had to combat mistrust and bad faith on the part of some patients who either did not consult him a second time or consulted other doctors behind his back, just as we still observe to-day with Oriental patients. Regarding the impossibility of a thorough examination of Muhammadan female patients, we have already referred to this difficulty in our notes on the cases.

If other Arabic and medico-historical scholars will follow and set to work to extract the many personal observations made by RHAZES in his enormous *Continens*, the aim of this modest sketch will be fulfilled.

Cairo.

MAX MEYERHOF.

*Additional Note :* Concerning the observation no. VII, Dr. PAUL KRAUS (of Paris) was kind enough to attract my attention to the fact that a certain ABU'L-HUSAIN AL-KHAYĀT (i.e. "the Tailor") was a contemporary and philosophical opponent of RHAZES in Baghdad. He belonged to the eighth "generation"

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(73) See BROWNE, *Arabian Medicine*, p. 7 et seq.

of Mu'tazilites (rationalistic theologians) in this capital. One of his works, a refutation of the heretic IBN AR-RĀWANDĪ was edited by NYBERG (Cairo, 1925). RHAZES himself wrote several polemical tracts against ABU'L-ḤUSAIN AL-KHAYĀṬ (see RUSKA's edition of AL-BĪRŪNĪ's list, *Isis*, 5, 26-50). It would be of great interest to know whether, in spite of their scientific dissensions, he had to take medical care of his adversary.

Concerning case X, Dr. KRAUS thinks that the Mesopotamian tribe of AL-'IBĀDĪ was Christian and remained so still during the Xth century A.D.

صحيفة	سطر	
١١	٤	الصحيح: تنقص ، وليحذف التشديد
	١٦	الصحيح : باردا
	٢٢	الصحيح : ولما ، وفي الأصل : وكما
١٢	٣	الصحيح : إن لم تخف
١٤	٩	الصحيح : ظاهراً
	١١	الصحيح : بدنه

# تصحیحات

## لقصص وحکایات المرضى للرازی

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٢	٢	لتحذف كلمة « لا » ، وهى موجودة فى الأصل
	١٤	الصحيح : إنه
	١٧	الصحيح : القولنج ... (٧) فيصيبهم
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٣	—	لتحذف تعليقه ٣
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	١١	الصحيح : الوجع وجعا ، وفى الأصل : الوجع وجع
	١٦	الصحيح : قبت ، وفى الأصل : قبن

٣٢ - وكذا كان حال ابن دليل لم يحتقن بل كان قد عرج من (س ٢١٠ ق) ورکه فشرب شحم الخنظل كثيراً وبرا.

٣٣ - ابن عمرو بن وهب حم وظهر به يرقان غليظ جداً حتى كانت عينه قطعة عصفر في اليوم الخامس واحتبس بوله في التاسع فكان لا يبول إلا شيئاً نزر<sup>(١)</sup> مقدار ثلاث قطرات كأنه مافي جوف المرارة واختلف اختلاف السوداء أسود وكان بوله في السادس أسود ثم صار أحمر عليه زبد أصفر ثم...<sup>(٢)</sup> فلما كان في الليلة الحادية عشر رعف<sup>(٣)</sup> من المنخر الأيمن رعافاً صعباً ثم مات في ليلة الثالث عشر ولم يزل صحيح العقل ثابتاً وهاج به فواق وزكام وكان ورم كبده ظاهر<sup>(٤)</sup>.

٣٤ - أحسن<sup>(٥)</sup> ابن<sup>(٦)</sup> نصير كل نصف بدنه حاراً بالطول ونصف بدنه الآخر بارداً كالثلج ولا نبض له في النصف البارد وله نبض سريع في الثاني وقد تشنج أوتار عنقه وماؤه ابيض كالماء الجاري وعينه الذي في الجانب البارد قد صغرت وتقلصت جداً.....

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(١) براراً (٢) بياض بالأصل (٣) ورعف (٤) ظاهر  
(٥) المحسن (٦) أست





لكنها كانت فى الثانى أقوى وأشر فلما بال فى الثالث بولا اسود حقق دليل الرداءة . وذلك انه ظهر بعد الشئ الذى به يكون البحران علامة أيضا قاتلة اكدت الاولى وشهدت لها اعنى بالاولى<sup>(١)</sup> ان تخف بالعرق . وتبع ذلك ايضا الارق والاختلاط<sup>(٢)</sup> والعطش . فلما كان الرابع واشتد ما به اكثر وبال بولا اسود ايضا صح منه شيئا احدهما ان مرضه يصعب فى الارواح لانه كان قد صعب فى الثانى والثانى ان موته يكون فى الارواح . والرابع ينذر بالسادس والسابع الا انه اذا كانت الحدة شديدة والدلائل مهلكة مال الى السادس . فلما كان فى السادس فاجأته النوبة مع أعراض صعبة فمات فيه وحقق ان بحرانه مال الى السادس . بوله فى الثالث والرابع بولا اسود فان هذا يدل على غاية الخبث والحدة لانه ان كانت الصعوبة والشدة نوبتين متصلتين فالدليل على الحدة قوى . فلما تبع ذلك ان قطر من منخريه دم يسير اسود فى الخامس حقق ضعف قوته ولو كانت قوته أقوى واعراضه الرديئة أخف لقد كان موته يتأخر الى الثامن ونفسه كان الدليل على اختلاط الذهن على ما قيل فى ابيديميا ، وعرقه البارد فى طول مرضه كان ينقص به قوته ولا ينقص به مرضه ، والحد الثانى الذى كان يحده فى خلال<sup>(٣)</sup> ذلك دليل على أنه لا ينبغي أن يثق بالراحة الحاسية بلا نقص بحران سبب له كائن فان الشدة تعاود فى مثلها<sup>(٤)</sup> سريعا .

قد ذكر ما فى هذه القصة غير البول الذى فيه تعلق يشبه المنى وكل ما فيها<sup>(٥)</sup> موافق لما فى كتاب مقدمة المعرفة والبحران وأيامه [بقية ابيديميا عند هذه العلامة] .

٢٨ - الحسن الجهمذ كانت به علة شك فى أول الأمر أنها ذات

(١) الأولى (٢) الاختلاط (٣) اخلال (٤) مثلها (٥) فيه

لكنها كانت في الثاني أقوى وأشر فلما بال في الثالث بولا اسود حقق دليل الرداءة . وذلك انه ظهر بعد الشيء الذي به يكون البحران علامة أيضا قاتلة اكدت الاولى وشهدت لها اعنى بالاولى<sup>(١)</sup> ان تخف بالعرق . وتبع ذلك ايضا الارق والاختلاط<sup>(٢)</sup> والعطش . فلما كان الرابع واشتد ما به اكثر وبال بولا اسود ايضا صح منه شيان احدهما ان مرضه يصعب في الارواح لأنه كان قد صعب في الثاني والثاني ان موته يكون في الارواح . والرابع ينذر بالسادس والسابع الا انه اذا كانت الحدة شديدة والدلائل مهلكة مال الى السادس . فلما كان في السادس فاجأته النوبة مع أعراض صعبة فمات فيه وحقق ان بحرانه مال الى السادس . بوله في الثالث والرابع بولا اسود فان هذا يدل على غاية الخبث والحدة لانه ان كانت الصعوبة والشدة نوبتين متصلتين فالدليل على الحدة قوى . فلما تبع ذلك ان قطر من منخريه دم يسير اسود في الخامس حقق ضعف قوته ولو كانت قوته أقوى واعراضه الرديئة أخف لقد كان موته يتأخر الى الثامن ونفسه كان الدليل على اختلاط الذهن على ما قيل في ابيديميا ، وعرقه البارد في طول مرضه كان ينقص به قوته ولا ينقص به مرضه ، والحد الثاني الذي كان يحده في خلال<sup>(٣)</sup> ذلك دليل على أنه لا ينبغي أن يثق بالراحة الحاسة بلا نقص بحر ان سبب له كائن فان الشدة تعاود في مثلها<sup>(٤)</sup> سريعا .

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٢٨ — الحسن الجهمذ كانت به علة شك في أول الأمر أنها ذات

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(١) الأولى (٢) الاختلاط (٣) اخلال (٤) مثلها (٥) فيه

اسهالا رديا وبول الدم ومثاله ابن سواده .  
( ايذيميا )

المريض الأول من المقالة الأولى . هذا حمى حارة قوية الحرارة يومه كله ثم عرق ليلته عرقا كثيراً فلم تنقص عند ذلك العرق ولم يخفف عنه شيئاً من حماه لكنه كان ليلته كلها وفي يومه الثاني اشتد مابه من هذه الأعراض أكثر ثم حمل شيئاً<sup>(١)</sup> من حقنة<sup>(٢)</sup> هذا اليوم فنزل به براز وخف ليلته أجمع ونهاره يوم الثالث الى نصفه فلما كان في آخر هذا اليوم هاجت الحمى مع عطش شديد وجفوف الفم وعرق لا يخف الحمى به أصلاً وتخليط وهذيان وبال في هذه الليلة بولا اسود ثم كان ليلته صبيحتها اليوم الخامس والى انتصاف الخامس أخف . فلما كان بعد انتصافه قطر من منخريه قطرات دم يسير اسود<sup>(٣)</sup> وبال بولا فيه تعلقات مثل المنى مختلفة الشكل مستديرة وغير ذلك ولم يكن يرسب وصعب أيضاً كل ما به ليلته<sup>(٤)</sup> صبيحتها السادس وبردت فيها أطرافه حتى لم يسخن إلا بالكد وقل نومه وبال بولا اسود وهذى فلما كان صبيحة اليوم السادس اسكت وعرق عرقاً بارداً ثم اخضرت أطرافه نحو انتصاف النهار ومات وكان عرقه في مرضه كله باءاً ونفسه عظيماً متفاوتاً .

بانت دلائل الرداءة في هذا المريض من أول ليلته الأولى وذلك انه كان يعرق فيها اجمع فلا تخف حماه بذلك . وقد قال بقراط إن الاشياء التي يكون بها البحران اذا كانت ثم لا تكن بها بحران فاما ان تكن تدل على الموت وذلك اذا كانت مع دلائل مهلكة أو على طول المرض وذلك اذا كانت مع دلائل السلامة . ولما ان حمى هذا ليس انما تخف بالعرق

[ ص ٢٤٤ ق ]

بال دماً واختلف مرة خضراء دموية شبه غسالة اللحم الطرى وسقطت قوته . وأنكرنا عليه لأن علته كانت ساكنة هادئة ثم انتقلت في ليلة واحدة إلى مثل هذه الحدة والشدة . وتوهمنا انه سقى شيئاً فلما كان عند العصر بال بولا أسود واختلف أيضاً من الأسود ومات صبيحة اليوم السادس وكانت به حصبة رديئة بالولية مائلة إلى داخل .

٢٥ — جاءنى امرأة يبول أسود كالمرى وزعمت انه كان بها وجع فى صلبها وان ذلك الوجع قد سكن منذ أقبلت تبول هذا البول . وكانت قد بالته عشرة أيام حين جاءتنى وكان بها حمى ليلية كل ليلة بنافض والمرة سوداوية فاشرت عايتها بما يدر البول .

٢٦ - امرأة<sup>(١)</sup> ابى<sup>(٢)</sup> عيسى أصابها قولنج شىء يسير فسقيت سهر باران وسقيت بعده دواء فيه حرارة كثيرة وكان الوجع وجع فى الرحم وإنما احتبست الطبيعة معه لوجع وورم فى الرحم يضيق على الأعور ويشد منه الوجع إذا نزل الثقل<sup>(٣)</sup> وامتنعت الطبيعة من ابراز الثقل<sup>(٣)</sup> لذلك . فلما سقيت هذه الأدوية جرى من قباها شىء يشبه المشيمة . فامرت القابلة أن تتفقد صلابته وتحسه فكان رخواً عديم الحس فأمرت أن يشد بالفخذ قبين بعد يومين وأمرت أن يقطع مالم يحس منه وتنشأ آخر ثلاث مرات فقطع ثم برأت .

٢٧ — جارنا الشيخ المسلول ما زال ينفث دماً كثيراً مدة طويلة ثم ان الأمر اشتد به فسقى بنادق مانعة من السعال نخف عليه كلما<sup>(٤)</sup> تداوى به اياما<sup>(٥)</sup> ثم مات ولم اكن متفقداً لحاله فى هذه الأيام . فينبغى أن يمتنع من المانعة للنفث إلا حيث ينحدر ماله من الرأس ، وينبغى أن يمتنع من تضميد البطن فى الحصبة والجدرى فانه يضيق النفس على المكان ويورث

[ ص ٢٤٤ و ]

(١) مرة (٢) أبو (٣) — (٣) النغل فى المكانين (٤) — (٤) كل مات ويدا أيام

ووجهه شديد الحرارة والانتفاخ وكان عبلاً أحمر العين ممتلئاً البدن . أمرت الطبيب المقرئ أن يفصده الصافين ففحصه الباسليق وأشرفت عليه فلم يصرع سنة .

٢٠ - جاءني رجل قد تقيأ بعقب سكر مفرط قدر رطلين من الدم فوجدت عينيه محمرتين وبدنه ممتلئاً ففحصته وأمرته بلزوم القوابض فصح .

٢١ - كان رجل ينفث بالسعال دماً<sup>(١)</sup> فأكل يوماً عصافيراً مقلية بزيت فنفث بعده يوم نحو ثلاثة أرطال دم كدم المحاجم عجر كبار وخيف عليه . ورأيت بعد ذلك سليماً إلا من السعال الدقيق الذي لم يزل به وأشرت عليه أن يجعل غذاءه سمكاً سريعاً فاحتبس منه ما كان ينفث .

٢٢ - جاءني رجل من أهل داراي الاقوال وبه داء الثعلب في رأسه قدر أصبعين فأشرت عليه أن يدلّكه بخرقه حتى يكاد يدعى ثم ادلكه ببصل ففعل ذلك وأسرف في ذلك مرات كثيرة فنفظ وأمرت أن يطلى عليه شحم الدجاج فسكن اللدع ثم تجاوز فنبت شعره في نحو شهر أحسن وأشد سواداً وتكاثفاً من الأصل .

٢٣ - امرأة<sup>(٢)</sup> القصار وكيل ولد سعيد بن عبد الرحمن كانت أماراتها أمارات مستسقية ولم يمكن أن يثبت في النظر إليها . فاستقيتها ماء الفلافل حيناً ودواء الكركم حيناً . فبينما<sup>(٣)</sup> هي تغسل يوماً إذ انكبت على الاجانة فسأل من قبلها نذر عشرين رطل ماء أصفر وخفت واستراحت مدة ثم أخذت<sup>(٤)</sup> أيضاً . واستقصيت خبرها بعد ذلك فصح عاها وكان بها علة في الرحم وعالجتها بعد . وكانت تتوهم أن بها حبلاً ولم يكن ذلك . فبينما ان تعلم وتتفقد فإن من علل<sup>(٥)</sup> الرحم علة تشبه الاستسقا .

٢٤ - بُني بن سواده حم من حلقة صفراويّه فلما كان في الرابع مع الصبيح

(١) دم (٢) امرأة (٣) فسما (٤) أحدث (٥) العلل .

بغته من غير استفراغ عادت العلة فمالت المرأة فيما <sup>(١)</sup> احسب الى الراحة فبردت أطرافها فسكن <sup>(٢)</sup> ذلك الوجع والورم وعادت العلة والاختلاط بأحد ما كان وأشدّه <sup>(٣)</sup> ثم أشرت عليه أن يكرر <sup>(٤)</sup> التغطية والتبريد واستفرغتها فبرأت .

١٦ — الحسن البواب حدث عليه نوبة علة حادة جداً وقد كان حار الكبد واندفع الى يديه ورجليه الفضل حتى عفيتا وسكنت الحمى فجر به على تلك الحال . فقصده بعض الأطباء فعادت عليه شيء من الحدة والحرارة فأنحلت قوته ومات بعد ثلاثة أيام .

١٧ — المرأة التي جاء بها إلينا أبو عيسى الهاشمي النحاس كانت شحيمة رطبة جداً حدث بها في الولادة <sup>(٥)</sup> فالج ثم صرع ولم يك في أمرها لبس بل كانت دلائل صحيحة ساذجة ففقيتها <sup>(٦)</sup> بشربات قوية أخرجت البلغم وأمرتها بعد ذلك أن تلمز ترياق الاربعة فأعطاهما الصيدلاني بدل ذلك انقرديا <sup>(٧)</sup> فبرأت برأ عجيباً فعجبنا منه وسائر الأطباء .

١٨ — جازنا البزّاز في درب النفل <sup>(٨)</sup> كان به صرع منذ صباه وكان نحيفاً خدست أن علقته ليست من كثرة بلغم فأمرته بالقيء مرات ثم سقيته شرية تخرج السوداء بقوة فلم يصرع ثلاثة أشهر . وجاءنا جيران الدرب يشكرونا ثم أنه أكل سمكا وشرب شرابا كثيراً فصرع ليلته تلك . فأعاد الشرية بعد القيء على ما كان يفعل فصلحت أيضاً حاله وبقى يتعاهد القيء وتلك الشرية لا ينكر من نفسه شيئاً إلى أن خرجنا من بغداد . وكان قد أسهل في المارستان بشربات فلم ينفعه ذلك شيئاً .

١٩ — وراق نظيف المصروع تفرست فيه فرأيت وداجيه ممتلئة

(١) فيها (٢) فسكنت (٣) واشمر (٤) أن يكب

(٥) الولاد (٦) نعتها (٧) انقرديا (٨) النقل

١٢ — ابن الحسين بن عبدويه كان<sup>(١)</sup> الأطباء يتوهمون لعظم بدنه أنه مرطوب جهلاً منهم بين اللّحم والبدن الشّحيم . وكان يهيج به شيء من وجع المفاصل ثم سقط فنصدت مرات وألزمته المسهل كل أسبوع مرة بما يخرج الصفراء لأن ذلك الخلط إنما كان صديداً حاداً وجعات أغذيته الحامض والتّفه<sup>(٢)</sup> والقابض ومنعته الحلو والحريف والدم فخف ما به ولم يعرض منه إلا ما لا بل به . ثم لما طال به هذا التدبير وبرأ<sup>(٣)</sup> البنة أقبل مع ذلك بدنه يخف من اللحم .

١٣ — كان بابن إدريس الاورايات أردأ حتى شطر الغب الحدة فيها كثيرة وتد أزمنت والطبيب يسقيه أقراص الطباشير . فأشرت عليه أن يشرب ماء الشعير بعد السكّنجين ويؤخر الغذاء كل يوم إلى وقت الخفّ من الحمى وأن يتقيها في وقتها أن أمكن وجددت له هذا من التدبير فاستصعب ذلك فقلت له ليس لك من التدبير إلا هذا فتدبر به أياماً وأنا غائب عنه فلقيني بعد عشرة أيام وتد كمل خروجه منها البتة . [ ص ٢٤٢ ق ]

١٤ — كان بابن عبد الوثمن الصائغ غرب فأشرت عليه أن يحك الشياف التي ألقتها ويقطر في الموق ففعل ذلك فبرأ به . وأنا أعلم أن ذلك ليس برأ صحيحاً بل ضمير الناصور ويبيسه فأما التحام فلا لأنى قد جربت ذلك مراراً لجالينوس في النوادر كلام هو الذي بعثني على تأليف هذه الشياف .

١٥ — كان بأمراة جعدويه اخو حيدرة علة حارة فكسنت أشير عليه كل يوم اذا جاءنى بالماء فجاء يوم وقال قد ظهر بها وجع وورم في ثديها فأشرت عليه أن لا يبرده البتة وأن يدلّكه وأعلمته أن ذلك انتقال باحورى وطففت<sup>(٤)</sup> العلة بذاك وأعلمته أنه ان سكن هذا الوجع

(١) كانوا (٢) والنفق (٣) ناقص من الأصل (٤) وجفت

فيه بضربان فقال<sup>(١)</sup> شدّ ماءً . وحدثت ان به في تلك الناحية ورم حار فنصدته<sup>(٢)</sup> الابطى وأخرجت له قريباً من مائتي درهم في مرة ثم سقيته ماء عنب الثعلب والهندبا ولب الخيار أياماً فبرأ حتى حين فصدت خف مابه يومه ذلك . وكان حدثى أن مادة العلة طفيء بعضها وانتقل بعض الى ذلك الموضع لانه لم يكن فيها استفراغ ظاهر .

١٠ — كان بالعبادى علة حارة ثم صارت منقلة ودام الماء على صبغه أياما كثيرة وكان يخف حيناً ويثقل حيناً والماء لا يفارق صبغه والحمى تقلع وتعاود . فنصدته بعد مدة وصحت<sup>(٣)</sup> الباسليق فاسرف الفاصد في إخراج الدم فايض بوله يومه ذلك وبرأ برءاً تاماً .

١١ — ابنة الحسين بن عبدويه شربت لبن اللقاح على العادة بلا مشورتى واذا نفخها اللبن أخذت دواء المسك ولم تكن قدمت له لافصد [ مر ٢٢٢ و ] ولا مسهل خمت حمى مطبقة<sup>(٤)</sup> وظهر بها أمارات الجدرى فجدرت جدرياً على جدرى أربع مرات . وحين بدأ الجدرى وفوضت تدبيرها الى بادرت إلى العين فويتها بالكحل المحكوك بماء الورد فلم يخرج في عينها شيء البتة على أنه قد كان حوالها<sup>(٥)</sup> أمر غليظ جداً فعجب لذلك العجائز الذى كن حوالها من سلامة عينها . وألزمها ماء الشعير ونحوه مدة ولم تنطلق طبيعتها كما يكون بعقب هذه العلة . وبقي بها بقايا حمى حارة فحدثت أن ذلك إنما هو لأن الخاط الباقى لم يخرج بالاسهال على العادة فلم يمكن أن استفرغها ضربة لضعف القوة . فألزمها النوع سحراً وماء الشعير ضحوة خمسة عشر يوماً فكان يقيمه كل يوم مجاسين فبقيت النقاء التام . وظهر النضج التام في الماء بعد الاربعين وصح البرء بعد الخمسين .

(١) فقال زائد في الأصل (٢) فصدته (٣) وصحر (٤) منطقة (٥) حوالها



ألمت وألم باشتراكها الأعصاب الجائئة إلى الرجلين لأن أعصابها قريبة من بعضها بعض وأن هناك ورم في منابت تلك العصب فضمدت قطنه فلم يلبث إلا أياماً حتى حرك رجله شيئاً شيئاً إلى غاية ما كتبت هذه القصة.

٧ — كان أبى الحسين الخياط علة حارة فخرج منها بعلاجى له ثم شكا إلى ضعف معدته فأسقيته أقراص الورد السنبلية فحم على المسكان حتى حادة فتلاحقت تلك <sup>(١)</sup> منه بعد . . . . .

٨ — هاج برجل معنا في طريقنا حين قدمنا وهو أبو داود الذى كان يقود الحمار رمد فلما بدأ أشرت عليه أن يفتصد فلم يفعل واحتجم واخذ دواء كان معه فتمطره في أذنه قدر <sup>(٢)</sup> أوقية <sup>(٣)</sup> وأسرف وأنا أنباه عن ذلك أشد النهى حتى ضجرت ولم يقبل منى فلما كان من غد ذلك اليوم اشتد الأمر به حتى لم <sup>(٣)</sup> أر رمداً أشد منه قط وخفت أن تنشق طبقات عنبه وتسيل لأنه لم يتبين <sup>(٤)</sup> من القرنى شىء إلا مقدار العدسة لعلو ورم الملتحم . فلما أجهده الأمر فصدته وأخرجت له ثلاثة أرطال من الدم وأكثر من ذلك في مرتين ونقيت عينه من الرمد وذررته بالأبيض فنام من يومه وسكن وجعه وبرأ من الغد البتة حتى تعجب الناس منه .

٩ — كان بخالد الطبرى علة حارة من تعب أصابه فسقيته ماء الشعير ونحوه حتى طفئت بعض الانطفاء . فهاج به وجع في ناحية الخاصرة والحالب فتوهم الأطباء أنه قولنج وأرادوا أن يسقوه الجوارشات <sup>(٥)</sup> الحارة لأنهم قدروا أن ماء الشعير أضر به على أنه قد كان بمعدته بقية من العلة الحارة. فحسست الموضع فوجدته حاراً صلباً ثم سألت هل يحس

(١) ذلك (٢) - (٢) قد وقية (٣) ناقص من الاصل

(٤) بين (٥) الجوارشات

الجهال من الأطباء يتوهمون أنه قد حدث به لقوة من رطوبة لشدة صغر العين اليمين وتشنج هذه الناحية .

٤ — جاءني رجل يشكو إلى خفقان فؤاده فوضع يدي على ثديه اليسار فاحسست بشيرانه <sup>(١)</sup> الأعظم يذبض نبضاً لم أر مثله قط عظماً وهو لا . ثم مد يده اليسار ليربني بأساليقه فاذا <sup>(٢)</sup> شيرانه <sup>(٣)</sup> يذبض في نابض العضد نبضاً أعظم ما يكون ظاهراً للحس جدا يشيل <sup>(٤)</sup> اللحم حتى يعلو وينخفض دائماً شيلاً <sup>(٥)</sup> قويا ظاهراً وزعم أنه فصد الباسليق فلم ينتفع به وإنه إذا أكل أشياء حارة نفعه ، فتحيرت في أمره مدة ثم أشرت عليه بعد أن بان لي بدواء المسك وقدرت في هذا الرجل أن حاله في النبض حال أصحاب الربو في النفس فإن دؤلاء على عظم انبساط صدورهم ما يدخلها من الهواء إلا <sup>(٦)</sup> قليل .

٥ — حدث بمحمد بن الحسين حكمة وبثور ثم خرجت بثور في إحليله خارج على الكمرة خفت أن يحدث به ذلك داخلاً فكان علي ما ظننت حدث به ذلك وخرج قبل <sup>(٧)</sup> مدة .

٦ — كان بالقطان الطويل اللحية وجع في معدته مزمناً فأشرت عليه يشرب شراباً صافاً قويا فلما شربه انحط ذلك الوجع كله الى سرتة واحتبس بوله ومثاته مملوءة . فوآله بعض المائين وأنا لا أعلم فاسرف في ذلك مرة بعد مرة أغنى إدخال المبوآلة فجعلت مثاته بحالة حتى كان يخرج بلا إرادة وكان فيما يخرج خلط أبيض خام قدّرت أنه ذلك الذي نزل وكان شيئاً لحقن البول . ثم أصابه استرخاء في رجله جميعاً فلما بعث إلى جثته والأطباء يدهنون رجله جميعاً بالأدهان الحارة . فحدست أن مثاته

(١) بشيرانه (٢) فاذا (٣) شيرانه (٤) يسيل (٥) شلا

(٦) ناقص من الاصل (٧) يياض في الاصل مكان كلمة ولعلها (حدوثه)

فتولد فيها نواصير وكان فصد في ابتداء هذه العلة، فأزمنت به هذه المادة في أذنه بسوء علاج الأطباء فلما انعقدت المادة بعضها على بعض في صماخه حدث لذلك . . . . . (١) كما نفعله نحن بالفصد ليخرج الخراج في أصل الأذن اذا أزمنت قرحة الأذن. فخرج الخراج في أصل أذنه وقاح فصلح أذنه بعلاج في آخر الأمر ثم انه ترك فيه بقايا من الخاط الرديء لأنه لم ينق من مرضه الأول باستفراغ قوى لى (٢) تميل المادة الى الأذن فقط. [ ص ٢٤٠ ق ]

فاكل رؤسا فافرط وفي (٣) الغب فهاجت به حمى لازمة وغثى وكرب ويبس الطبيعة فسقى الفواكه والأشياء اللينة فتقيأها وصرت اليه في اليوم الثالث فاذا قد هاج به صدادع شديد وانحراف عن الضوء ودموع كثيرة وحمرة في العين ففصدته ولم أخرج كثيرا من الدم للتوقف بسبب العامة. وعزمت على أنى أئين طبيعته من خد فخف أكثر ما به يومه ذلك ومن حفر اذنه أعراض السرسام وانى [كنت] أخاف أن يسرسم، ثم انى لم أسقه دواء قويا (٤) يسهله للتوقف أيضا لا لغيره وسقيته الخيار شنبير ونحوه فلم يقمه البتة وأمرت أن يحقن ثلاثة أيام ولم أرد في هذه الأيام فرجعت وقد غاظ عليه جدا وخلط وكان الماء أشقر والوجه منتفخ، فاردت ان أجف دما من أنفه فتوقفت أيضا من أجل العامة والرعاع لأنه لم يكن قبلى طبيب يرجع (٥) اليه بته فلم يكن عندى فيه إلا ماء الشعير فسقيته ذلك طمعا في أن يلين وأمرته (٦) أن يسقى ماء القرع ولعاب البرقظونا فتقصر في ذلك كله. فلما كان في اليوم الرابع من هذا اليوم غاظ أمره وظهرت العلامات الرديئة صغرت إحدى عينيه وكان لسانه شديد السواد والخشونة ومات يومه ذاك في الوقت الذى أنذرت بموته. وكان

(١) يياض في الاصل مكان كلمة (٢) لكن (٣) وفي الغب

(٤) قوى (٥) يرتجع (٦) وامراته

شبه ثقل معلق منه اذا قام<sup>(١)</sup> وأغفلت أنا أيضا أن أسأله عنه . وقد كان كثرة البول يقوى ظنى بالخراج فى الكلى إلا أنى كنت لا أحكم أن أباه أيضاً ضعيف المثانة يعتريه هذا الداء وهو أيضا قد كان يعتريه فى صحته فينبغى أن لا تغفل<sup>(٢)</sup> بعد ذلك غاية التقصى<sup>(٣)</sup> ان شاء الله . ولما بال المدة أ كبت عليه بما يدرّ البول حتى صفا البول من المدة ثم سقيته بعد ذلك الطين المختوم . والكندر ودم الأخوين وتخلص من علته وبرا براً تاماً [ ص ٢٤٠ و ]  
سريعاً فى نحو من شهرين ، وكان الخراج صغيراً ودلتنى على ذلك انه لم يشك الى ابتداء الثقل<sup>(٤)</sup> فى قطنه لكن بعد أن بال مدة قلت له هل كنت تجد ذلك قال نعم ! فلو كان كبيراً<sup>(٥)</sup> لقد كان يشكو ذلك ، وأن المدة نقيت سريعاً فدل على صغر الخراج . فاما غيرى من الأطباء فانهم كانوا بعد أن بال مدة أيضاً لا يعلون حالته البتة .

٢ — قصة علك الحاسب --- جاءنى علك الحاسب فشكا الى أن به قولنج ولم يفصح الوصف فأشرت عليه بالتمرى فأخذه<sup>(٦)</sup> فسكن عنه ثم أنه عاد عليه الوجع فى بطنه أياماً مع احتباس الطبيعة ثم أصابه بعقبه سحج خلط سوداوى مات منه وهو غائب عنى . فينبغى أن تعلم أنه قد يهيج بقوم وجع فى بطونهم شديد من مرار ردىء ينصب الى امعائهم فيعرض منه مثل القولنج<sup>(٧)</sup> وأثره<sup>(٧)</sup> فيصيدهم بعقبه سحج شديد ردىء وخاصة أصحاب الطبائع السوداوية وكذا كان علك . فمؤلاً أسهلهم بدواء لين ثم اسقمهم واحقنهم بالمغريات ان شاء الله وقد رأيت هذا فى غير موضع واحد .

٣ — قصة ابن عمرويه — كان هذا رجلاً مستعداً<sup>(٨)</sup> للسرسام جداً وكان قد أصابه قبل قدومى سرسام فتخلص منه بان مال الفضل الى أذنه

(١) نام (٢) يفعل (٣) اليقضى (٤) انقل (٥) كثيرا

(٦) فاجد (٧) - (٧) واشربه (٨) مستعداً

# بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

[ ص ٢٣٩ ق ]

« امثلة من قصص المرضى وحكايات  
لنا خلط نوادر فقط ، يرد الى ههنا ما فيها  
من مسائل (١) ايديما وما في ايديما (٢)  
من القصص (٣) ولا تؤخر ذلك ولا تؤانا  
فيه فان فيه نفعا عظيما جدا وخاصة في (٤)  
المسائل فانا قد تهاونا بهذه الامثلة لا نانا  
عز منا على جمعها ههنا واذ اردنا (٥) ذلك  
فينبغي أن نجمع ايديما الى المسائل ونقرأه  
معاً ثم نكتب هاهنا على أتم ما يكون  
ان شاء الله »

١ — كان يأتي عبد الله بن سواده حميات مخلطة تنوب مرة في ستة  
أيام ومرة غب ومرة ربع ومرة كل يوم ويتقدمها نافض يسير ، وكان  
يبول مرات كثيرة . فحكمت أنه لا يخلو أن تكون هذه الحميات تريد أن  
تنقلب ربعاً وإما أن يكون به خراج في كلاه ، فلم يلبث الا مديدة حتى بال  
مدة فأعلمته <sup>(٦)</sup> أنه لا تعاود هذه الحميات وكان كذلك ، وانما صدني  
في أول الأمر عن أن أبت القول بأن به خراجا في كلاه انه كان يحم قبل  
ذلك حمى غب وحميات أخر فكان الظن بأن تلك الحمى المخلطة من  
احتراقات تريد أن تصير ربعاً موضع <sup>(٧)</sup> قوى ، ولم يشك الى أن قطنه

(١) المسائل (٢) ناقص من الاصل (٣) الفصل (٤) من  
(٥) ازيدنا (٦) اعلمته (٧) موضعاً

## قصص وحكايات المرضى

محمد بن زكرياء الرازي

(من کتاب الحاوی فی الطب)

[نقلا من النسخة المحفوظة في خزانة الكتب «بودليان»

في أ كسفورد تحت حرف مارش ١٥٦]

